Friend or Intruder?

Living with an

Implantable Defibrillator:

Patients' and Partners'

Experiences

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Thesis submitted for the Degree of Doctor of Philosophy

The University of Technology, Sydney, 2001

CERTIFICATE OF AUTHORSHIP / ORIGINALITY

I certify that this thesis has not already been submitted for any degree and is not being submitted as part of candidature for any other degree.

I also certify that the thesis has been written by me and that any help that I have received in preparing this thesis, and all sources used, have been acknowledged in this thesis.

Signature of Candidate

.....

ACKNOWLEDGMENTS

In acknowledgment of their generous support, contributions, wisdom and encouragement, thanks are expressed to:

- the cardiology staff of the five Melbourne hospitals who readily supported the development of this project;

- patients and partners who freely shared their stories in the hope that nurses and other clinicians might better understand what it is like to live with an ICD;

- Dr. Anne Adams, Dr. Cheryl Waters, Professor Sharon McKinley and Professor Sue Nagy whose intellectual guidance fostered this inquiry;

- Dr. Michael Crotty and Dr. Max van Manen, whose written works and generous dialogue nurtured the curiosity to question, contemplate and reflect on the intricacies of phenomenology;

- the academic staff and fellow students of The University of Technology of Sydney for their valuable collegial support;

- the *Cooperative Research Centre for Cardiac Technology Sydney* (CRC-CT) for financial and academic support;

- Helen Hamilton, for advice on editing this thesis; and,

- Bryan, Katherine and Jennifer for being there in indefinable ways. Having known vulnerability, you reach out with compassion and understanding to touch the lives of other people in so many ways. Thank you for making that unique difference.

CONTENTS

CERTIFICATE of authorship / originality ii

ACKNOWLEDGMENTS iii

CONTENTS iv

ABSTRACT xi

WONDERING AND REVIEWING 1

Chapter One 2

INTRODUCTION 2
1. Background: The problem of ventricular arrhythmias 2
1.1.1 Introduction 2
1.1.2 Reducing the risk of sudden death: The ICD 2
1.1.3 Patients with an ICD: A growing population 3
1.1.4 Factors contributing to the expanding use of the ICD 4
1.2 Learning about living with an ICD 5
1.2.1 The research problem 5
1.2.2 Becoming curious 5
1.2.3 Literature representations of living with an ICD 9
1.2.4 Tensions and deficiencies in extant knowledge 11
1.3 The research goals, questions and approach 12
1.3.1 Research goals 12
1.3.2 Reviewing the ICD program in Victoria 12
1.3.3 Exploring the experience of living with an ICD 14
1.3.3.1 Research focus and questions 14
1.3.3.2 Research methods 14
1.3.3.3 Anticipated outcomes 15
1.3.3.4 Writing style 16
1.3.3.5 Parameters and limitations of the study 16
1.3.3.6 Terminology 17
1.3.4 Overview of the thesis 17
1.4 Conclusion 19

Chapter Two 21

LITERATURE REVIEW 21
2.1 Introduction 21
2.2 Patients' experiences with the ICD 22
2.2.1 Methodological issues 22
2.2.2 The impact of changing technology on patients' experiences 22
2.2.3 Pre-ICD assessment 24
2.2.4 Learning about the ICD 25
2.2.5 Living with the ICD 26
2.2.5.1 General concerns and physical effects 27
2.2.5.2 Psychological adjustment to the ICD 27
2.2.5.3 Being shocked 28
2.2.5.4 Coping strategies 31
2.2.5.5 Changes in sexual activity 31
2.2.5.6 Quality of life 32

2.2.5.7 Resumption of employment....33
2.2.5.8 Driving....33
2.2.5.9 Female patients' experiences....34
2.3 Partners' experiences....35
2.3.1 Witnessing the patient's cardiac arrest....35
2.3.2 The impact of stresses surrounding ICD implantation....36
2.3.3 Lifestyle changes....37
2.4 Summative discussion....38
2.4.1 Promotion of the ICD as a lifesaving technology....38
2.4.2 Living with an ICD: Problems for Patients and Partners....39
2.4.3 Knowledge deficits....41
2.5 Conclusion....42

EXPLORING AND PRESENTING....44

Chapter Three....45

METHODOLOGY AND METHOD....45
3.1 Introduction....45
3.2 Phenomenology as a mode of nursing inquiry....46
3.3 Hermeneutic phenomenology: Max van Manen....49
3.3.1 Background....49
3.3.2 Philosophical foundations....50
3.3.2.1 Hermeneutics and everyday lived experience....50
3.3.2.2 Understanding human phenomena....51
3.3.2.3 Phenomenology: Different paths of inquiry....52
3.3.2.4 Phenomenology and perception....54
3.3.2.5 Phenomenology as pedagogy....54
3.3.3 Research activities and procedures....54
3.3.3.1 Investigating lived experience....55
3.3.3.2 Questioning, reflecting, thematic analysis, description....56
3.3.3.3 Phenomenology as written description....57
3.3.3.4 Hermeneutic phenomenology as critique....57
3.4 Researching living with an ICD: the processes....58
3.4.1 The research context....58
3.4.2 The research plan....59
3.4.3 Primary data: Experiential descriptions....60
3.4.4 Ethical concerns....60
3.4.5 Recruiting participants....61
3.4.6 The participants....62
3.4.7 Conversational interviews....62
3.4.8 Audiotape transcription and data storage....64
3.4.9 Documenting the processes....64
3.5 Phenomenological analysis, reflection, description....66
3.5.1 Overview: Analysis processes and directions....66
3.5.2 Analysing the particular: Individual participant experiences....68
3.5.3 Analysing the universal: Collective lived experience....69
3.5.4 The writing of themes....70
3.5.5 Descriptive interpretation: ICD-as-experienced....71
3.5.6 The phenomenological texts....72
3.5.7 The quality, credibility and plausibility of the inquiry....73
3.5.7.1 Quality....74
3.5.7.2 Credibility....75
3.5.7.3 Plausibility....75
3.5.8 Disciplinary relevance of phenomenological understanding....76
3.6 Conclusion....76

Chapter Four **77**

INDIVIDUAL participant EXPERIENCES **77**
4.1 Introduction 77
4.2 The participants: Biographical data 77
4.2.1 Patients 77
4.2.2 Partners 80
4.3 Individual participant profiles and experiences 81
4.3.1 Mr A and Mrs A 81
4.3.1.1 Mr A 81
4.3.1.2 Mrs A 83
4.3.2 Mr B and Mrs B 84
4.3.2.1 Mr B 84
4.3.2.2 Mrs B 85
4.3.3 Mr C and Mrs C 86
4.3.3.1 Mr C 86
4.3.3.2 Mrs C 88
4.3.4 Mrs D and Mr D 89
4.3.4.1 Mrs D 89
4.3.4.2 Mr D 91
4.3.5 Mrs E 91
4.3.6 Mr F and Mrs F 94
4.3.6.1 Mr F 94
4.3.6.2 Mrs F 95
4.3.7 Mrs G and Mr G 96
4.3.7.1 Mrs G 96
4.3.7.2 Mr G 99
4.4 Summative comments 100

Chapter Five **101**

Being a Patient **101**
5.1 Introduction 101
5.2 Being disrupted 102
5.2.1 Surviving ventricular arrhythmias 102
5.2.2 Experiencing the electrophysiological study 103
5.2.3 Needing and learning about an ICD 105
5.2.4 The enduring wait: watching, being watched, anticipating 105
5.2.5 Summation: Being disrupted 107
5.3 Reconstructing life with the ICD 108
5.3.1 Being prepared: peri-operative education 108
5.3.2 Receiving the ICD 109
5.3.3 Pre-discharge advice 110
5.3.4 Returning home 110
5.3.4.1 Coping with uncertainty 110
5.3.4.2 Receiving mixed medical advice 111
5.3.4.3 Making sense of the altered body's symptoms 112
5.3.4.4 Regaining confidence in the body and self 114
5.3.4.5 The importance of returning home 115
5.3.4.6 The ICD and sexuality 116
5.3.5 Restoring a routine 117
5.3.5.1 Being productive 117
5.3.5.2 Resuming driving 118
5.3.6 Learning to trust the ICD 119
5.3.6.1 Experiencing a single shock 120
5.3.6.2 Experiencing multiple shocks 120
5.3.6.3 Being in awe of the ICD 121
5.3.7 Being responsible toward others 123
5.3.8 Summation: The nature of reconstructing life 124
5.4 Appreciating and celebrating life 125

5.4.1 Achieving a meaningful life....126
5.4.1.1 Living on borrowed time....126
5.4.1.2 Evaluating the meaning of life....126
5.4.1.3 Resolving tensions....127
5.4.2 Living with an aberrancy of the stressed body....128
5.4.3 Moving forward toward new goals....129
5.4.4 Summation: Appreciating and celebrating life....130
5.5 Accommodating the technology....130
5.5.1 Being protected: The ICD as friend....130
5.5.2 Being occupied: The ICD as intruder....131
5.6 Summative comments....133

Chapter Six....137

Being a partner....137
6.1 Introduction....137
6.2 Being disrupted: The distressing near loss of the patient....137
6.2.1 The patient's survival from a sudden cardiac death event....138
6.2.1.1 Being distressed: Rescuing the patient....138
6.2.1.2 Being relieved: When other people rescue the patient....139
6.2.1.3 Being exhausted....140
6.2.2 Waiting for the ICD: Anxiety, apprehension, anticipation....141
6.2.3 Being responsible: Learning about the ICD....142
6.3 Reconstructing life....143
6.3.1 Being relieved but anxious: The patient's return home....143
6.3.2 Protecting the patient....144
6.3.3 Being protected: Trusting the ICD....145
6.3.4 Supporting children....146
6.3.5 Supporting others....148
6.3.6 Being isolated and vulnerable....148
6.3.7 Protecting the self....149
6.4 Appreciating and celebrating life....151
6.4.1 Being able to forget the ICD....151
6.4.2 Planning a meaningful future....152
6.5 Accommodating the ICD....153
6.5.1 Making sense of ICD shocks....153
6.5.2 Making sense of the ICD....155
6.5.3 Making sense of the patient's dislike of the ICD....155
6.6 Summative comments....156

Chapter Seven....158

THE ICD AS EXPERIENCED: FRIEND or INTRUDER?....158
7.1 Introduction....158
7.1.1 Living with an ICD: The ICD-*as*-experienced....158
7.1.2 The hermeneutics of exploring the ICD-as-experienced....159
7.2 ICD-as-experienced: Changing dimensions, possibilities....162
7.2.1 Anticipating the ICD: Living on the edge and waiting....162
7.2.2 Being in awe of the ICD as stranger....164
7.2.3 Accepting, appreciating, connecting: The ICD as friend....167
7.2.3.1 Accepting: The ICD as an instrumental body extension....167
7.2.3.2 Appreciating the ICD as facilitator of possibilities....169
7.2.3.3 Embodiment of the ICD: Being at-home with a friend....170
7.2.4 Being occupied and controlled: The ICD as intruder....172
7.2.4.1 Being occupied by the ICD....172
7.2.4.2 Being controlled by the ICD: Thwarted existential options....173
7.2.4.3 The ICD's distressing shocks....173
7.2.4.4 The ICD's potential interference in dying....174
7.2.4.5 Being alienated: The ICD as a threat....175
7.2.4.6 Desiring the ICD's removal....176
7.2.4.7 Rejecting internal cardiac technology....177

7.2.4.8 Elective cessation of the ICD 179
7.2.4.9 The ICD as intruder 180
7.3 Comprehending the ICD: Worldly horizons of meaning 180
7.3.1 Introduction 180
7.3.2 Technology and human existence 181
7.3.3 Technology, nursing and the patient 182
7.3.4 Medical discourses and the ICD 186
7.3.5 The influence of media discourses 187
7.3.6 The ambiguity of the ICD-*as*-experienced 189
7.3.6.1 The ambiguity of the body-with-ICD 189
7.3.6.2 The ICD and the ambiguity of existence 189
7.3.6.3 The ambiguous relationship: The ICD and death 190
7.3.6.4 Living with an ICD: Professional and patient views 191
7.4 Summative comments 193

SIGNIFYING: 196

STUDY IMPLICATIONS 196

Chapter Eight 197

DISCUSSION 197
8.1 Introduction 197
8.2 Question 1: The nature and meaning of being a patient 199
8.2.1 Overview 199
8.2.2 Being disrupted 200
8.2.3 Reconstructing life 202
8.2.4 Appreciating and celebrating life 209
8.2.5 Accommodating the technology 212
8.3 Question 2: The nature and meaning of being a partner 213
8.3.1 Overview 213
8.4 Question 3: Understanding the ICD-as-experienced 218
8.5 Summative comments 220

Chapter Nine 222

IMPLICATIONS: Knowledge, practice, research 222
9.1 Introduction 222
9.2 The findings: Theoretical and practical contributions 222
9.2.1 Theoretical contributions 222
9.2.2 Implications for clinical practice 225
9.3 Recommendations for improving clinical practice 227
9.3.1 The Appointment of an ICD Case Manager 228
9.3.2 Staff Education Program 228
9.3.3 Patient Education and Support Program 229
9.3.3.1 The ICD Information Checklist 230
9.3.3.2 Information Resource Manual 231
9.3.3.3 ICD Support Group 232
9.3.3.4 A Telephone Support Link 232
9.3.3.5 An ICD Cardiac Rehabilitation Program 233
9.3.4 Community Education Program 233
9.3.5 Evaluation 234
9.4 Limitations of the research 235
9.5 Suggestions for future research 236
9.5.1 The embodiment of the ICD 237
9.5.2 The experience of multiple ICD shocks 238
9.5.3 Elective cessation of the ICD 239
9.5.4 Living with an ICD: More questions 240
9.6 Summative comments 243

Chapter Ten **244**

concluding reflections **244**
10.1 Wondering and Reviewing 244
10.2 Exploring and Presenting 245
10.2.1 Being a patient 247
10.2.2 Being a partner 249
10.3 Signifying 249

APPENDICES **251**
A Communications: Staff and participants 251
1. Letters from cardiologist to patient 251
2. Request: Patient's permission for release of details 251
3. Explanatory Statement Study 1 (Survey) 251
4. Explanatory Statement Study 2 (Current research) 251
5. Consent Form 251
6. Ethics Approvals letters 251
B Preliminary understanding 251
C Field Guides 251
1. Interview topics 251
2. Field Note Sheet 251
D Audit Trail 251
E Working documents: Progressive findings 251
1. Patients' aspects of experience, meanings 251
2. Partners' aspects of experience, meanings 251
3. Participants' recommendations for practice 251
F ICD Information Checklist 251
G Glossary of Technical Terms 251

REFERENCE LIST **304**

FIGURES

Figure 1.1: Early questions framing the project 8
Figure 2.1: Changes in the ICD size, weight and site 23
Figure 2.2: Living with the ICD: Current knowledge 41
Figure 3.1: Progressive exploration of living with an ICD 67
Figure 3.2: Progression of phenomenological analysis 68
Figure 4.1: Aggregated patient data (n = 7) 78
Figure 4.2: Individual patient data 79
Figure 5.1: Being a patient: Themes, Aspects of Experience, Meanings 134
Figure 7.1: Evolution of the relationship between patient and ICD 162
Figure 7.2: Mediated meaning of the ICD-as-experienced 193
Figure 9.1: Insights that extend current knowledge of living with an ICD for Victorians 224
Figure 9.2: Desired improvements to clinical practice 225

ABSTRACT

The implantable cardioverter defibrillator (ICD) is a reliable, cost-effective implanted device designed to terminate life-threatening cardiac arrhythmias and prevent sudden death. The recent exponential increase in implantation rates emphasises the need for nurses, doctors and other clinicians to understand the experience of living with an ICD for patients and partners. Current knowledge of patient experiences is mostly derived from overseas studies of specific variables, including physical problems, psychosocial outcomes, ICD shocks and quality of life issues. Studies of partner experiences focus on psychosocial concerns.

Using van Manen's (1990) hermeneutic phenomenological approach, this study describes the experience of living with an ICD for seven Australian patients and six partners. Experiential descriptions, obtained in tape-recorded conversational interviews, were subjected to three levels of analysis. The first descriptive analysis summarised individual experiences of living with an ICD. The second, thematic analysis phenomenologically described the collective lived experience of being a patient, and of being a partner. Each description identified a challenging and changing experience through the themes of *Being Disrupted and Distressed*, *Reconstructing Life*, *Appreciating and Celebrating Life*, and *Accommodating the ICD*. For the patient, various everyday interactions, events and activities meant either being able to trust the ICD as a reassuring protection or experiencing it as an inescapable intrusive object. For the partner, a trusting reliance on the ICD's protective security eased the vulnerability and onerous perceived responsibility for the patient's survival and well-being. Threats to the partner's restored sense of normality, security and hope occurred when the patient wanted the ICD removed or discontinued.

The third hermeneutic analysis specifically explored how the ICD, as an implanted biomedical device, was perceived, embodied and comprehended by patients. This analysis disclosed the varied, ambiguous existential meanings derived from and accorded to the ICD's presence, power and potential. The interpretation concluded that the ICD was either embodied as a trusted and reassuring friend, or existentially rejected as an intruder that thwarted meaningful possibilities.

Theoretical and practical implications of this understanding of living with an ICD included several recommendations for improving staff education, as well as practical interventions for informing and supporting patients and partners. A proposal for implementing these recommendations concluded with suggestions for future inquiries that would extend understanding of this increasingly common human phenomenon.